

BEST AVAILABLE COPY
ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>AS</i> | | 11/18/99 |
| O.I.P.E. CLASSIFIER | <i>A3</i> | | 11/22/99 |
| FORMALITY REVIEW | 59573 | | 12-13-99 |

59573 4-21-00

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| □ | Allowed | I | Interference |
| — | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
|----------|-------|
| Final | |
| Original | |
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| Claim | Date |
|----------|-------|
| Final | |
| Original | |
| 61 | ✓ |
| 62 | |
| 63 | ✓ |
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| 75 | ✓✓✓✓✓ |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here